



CHILD & ADULT CARE FOOD PROGRAM (CACFP)
Notice to Change Sponsoring Organization

Effective on _____, I intend to change from _____
DATE NAME OF CURRENT SPONSORING ORGANIZATION
to _____ to participate in the CACFP.
NAME OF NEW SPONSORING ORGANIZATION

Provider Name _____ PV Number _____

Facility Address _____
Street City State Zip

Mailing Address, if different _____

Please read and initial each paragraph.

_____ I understand that I can choose any Sponsoring Organization (Sponsor) among the Sponsors available.

_____ I have the list of all Sponsors available to me and their contact information as contained in this form and available at:
<http://dphhs.mt.gov/Portals/85/hcsd/documents/ChildCare/cacfp/SponsorChange2016.pdf>

_____ I have not been advised, directed, forced, required, or coerced by anyone regarding my choice of a new Sponsor. In addition, have not received any compensation, favor, reward, or incentive in my choice of a new Sponsor.

_____ I understand that I am not guaranteed service by any Sponsor.

_____ I understand that I can participate in the CACFP under only one Sponsor during a calendar month.

_____ I understand that my participation in the CACFP with the new Sponsor can begin effective from the date of my preapproval visit by the new Sponsor.

_____ I understand that I can change Sponsors only one time per year. One time per year means once during any 12-month period.

_____ I understand that I cannot change Sponsors while I am in corrective action in the CACFP. I understand that any corrective action I am in must be closed before I can change Sponsors.

_____ I certify that all of the above information is true and correct. I understand that I am giving this information in connection with the receipt of federal funds and deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Provider signature _____ **Date** _____

Original- Current Sponsor

Copy – Provider

Copy- New Sponsor

Copy - State agency CACFP (provided to the State agency by the New Sponsor)

Montana Child and Adult Care Food Program Sponsors of Day Care Homes

Billings Child Care Association Karen Angel 145 Grand Ave, 3 Billings, MT 59101 Phone 252-8524 1-800-314-2773 bcca@billingschildcare.co	Great Falls Day Care Association Gloria Dotseth 1125 2 nd Ave North #7 Great Falls, MT 59401 Phone 761-7678 gfcacfp@bresnan.net
Butte Community Coordinated Child Care Lorena Krause 101 N Main St Butte, MT 59701 Phone 723-4019 1-800-794-4061 lkrause@butte4-cs.org	Hi-Line Home Programs Denise Herman 605 Third Ave S. Glasgow, MT 59230 Phone 228-9431 1-800-659-3673 denise@hilinehomeprograms.org
Child Care Connections Suzanne Roth 1143 Stoneridge Drive Suite 1 Bozeman, MT 59718 Phone 587-7786 1-800-962-0418 Suzanne@bozemanccc.org	The Nurturing Center Ashley Willis 146 3rd Ave W Kalispell, MT 59901 Phone 756-1414 / 800-204-0644 ashley@nurturingcenter.org
Child Care Resources Claudette Barber 500 N Higgins, Suite 202 Missoula, MT 59802 Phone 728-6446 1-800-728-6446 claudette@childcareresources.org	Willow Creek Nutrition Program Jacque Young 318 North Last Chance Gulch Ste 2C Helena, MT 59601-5069 Phone 431-4417 jacque@willowcreeknutrition.org
District 7 HRDC Danielle Bogunovich 7 North 31st Street, PO Box 2016 Billings, MT 59103-2016 Phone 247-4710 1-800-433-1411 dbogunovich@hrdc7.org	Child and Adult Care Food Program PO Box 202925 Helena, MT 59620-2925 Toll Free: 888-307-9333 Fax: (406) 444-2547